

# EXPORT-IMPORT BANK OF THE UNITED STATES

## NOTICE OF CLAIM AND PROOF OF LOSS BANK EXPORT CREDIT INSURANCE POLICY

Please send this completed form to :  
Export-Import Bank of the U.S., Claims & Recoveries Division  
811 Vermont Ave., NW, Washington, DC 20571 (202) 565-3600

Date Received: \_\_\_\_\_

Claim No.: \_\_\_\_\_

### SECTION A. NAMES AND ADDRESSES (please provide full names and addresses)

<b>A.1 Insured</b>  Contact: Phone: _____ Fax: _____	<b>A.4 Issuing Bank</b>  Contact: _____ Fax: _____ Phone: _____ Telex: _____
<b>A.2 Broker</b> <input type="checkbox"/> None  Contact: Phone: _____ Fax: _____	<b>A.5 Other</b>  Contact: _____ Phone: _____ Fax: _____
<b>A.3 Exporter</b>  Contact: Phone: _____ Fax: _____	

### SECTION B. CERTIFICATIONS OF INSURED

Please note that the certification is subject to the penalties provided in Article 18 U.S.C. sec. 1001. The Insured certifies that (if any certification cannot be made, please explain):

1. it has completed and attached the following sections: ☐ A; ☐ B; ☐ C; ☐ D; ☐ E; ☐ F; ☐ G; ☐ H;
2. the amount claimed is presently owing by the Issuing Bank;
3. there are no unresolved documentary credit disputes between the Insured and the Issuing Bank on any outstanding insured transactions;
4. it has not made any discounts, allowances, rebates or commissions, except as follows and has not made any payments to the Issuing Bank (☐ None);
5. the obligation has been authenticated by tested telex or other means specified by the credit agreement or other documented agreement between the Issuing Bank and the Insured;
6. to the best of its belief, it has complied with the terms and conditions of the policy, all the information supplied in support of this claim is complete and true, and it has not withheld any material facts.
7. the rates of interest charged are legally valid and enforceable for the approved currency under the laws of the country of the Issuing Bank.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### SECTION C. RELEASE AND ASSIGNMENT

You have the option of completing and submitting this Release and Assignment with your claim submission. If you do, the release will operate upon negotiation of a claim payment check. This will expedite your claim payment in the event of claim approval. All claim calculations will be supplied for your acceptance prior to making payment. Please include corporate seal and notarization for the release.

WHEREAS the Export-Import Bank of the United States (Ex-Im Bank) issued an Export Credit Insurance Policy to the Insured;

AND WHEREAS, the Insured has filed the claim referenced on this proof of loss;

NOW, THEREFORE, the Insured and Ex-Im Bank agree as follows:

In the event the claim is approved for payment and the Insured or its assignee or any agent negotiates a claim payment check, the Insured does release Ex-Im Bank from all claims, actions, and causes of action of whatsoever character and description which the Insured ever had, now has or hereafter can, shall or may have relating to this claim.

AND, in further consideration of the claim payment by Ex-Im Bank, the Insured does assign to Ex-Im Bank, its successors and assigns, all right, title and interest in, and all sums of money now due, or to become due, to the Insured from the Buyer or Issuing Bank under the transactions and accounts relating to the Claim, and any and all contracts, security and evidences of indebtedness relating thereto; to have and to hold the same, with full power, at their own cost, to collect and enforce the same, for their own use and benefit by any action or proceeding in the name of the Insured or otherwise, and to take all legal steps as they deem proper or necessary in connection herewith.

IN WITNESS WHEREOF, the Insured has caused this instrument to be sealed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
(Name of Insured)

By:\_\_\_\_\_

(Seal)

Attest:\_\_\_\_\_  
Secretary

State of \_\_\_\_\_)

County of \_\_\_\_\_)

} SS:

I, \_\_\_\_\_ a notary public in \_\_\_\_\_ and for the aforesaid County and State, do hereby certify that on this day, before me personally came \_\_\_\_\_ to me known, who, being duly sworn, did depose and say that he is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said instrument was such corporate seal; that it was so affixed by order of the board of directors of said corporation, and that he signed his name thereto by like order.

In witness whereof, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

**SECTION D. POLICY INFORMATION**

Policy No.: _____ Effective Date: _____	IBCL Amount: _____	Endorsement No.: _____ Date Premium Paid: _____ Pre-presentation: _____ Insured Transaction: _____
--	--------------------	---

**SECTION E. CLAIM INFORMATION**

Date of First Presentation of Documents:  The Issuing Bank's Obligation is Based On: <input type="checkbox"/> Sight payment <input type="checkbox"/> Deferred payment <input type="checkbox"/> Acceptance of drafts <input type="checkbox"/> Negotiation <input type="checkbox"/> Refinancing of a sight letter of credit  Terms of Letter of Credit:  First Default Date:	Policy Provision Claimed Under Article 2: <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2 <input type="checkbox"/> Risk 3 <input type="checkbox"/> Risk 4 <input type="checkbox"/> Risk 5  Was pre-presentation agreement elected? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, date of Bank Commitment:
---	---

**SECTION F. CLAIM DOCUMENTATION**

- |   |                                   |
|---|-----------------------------------|
| 1. Letter of Credit   | <input type="checkbox"/> Enclosed |
| 2. Exporter's Certificate   | <input type="checkbox"/> Enclosed |
| 3. <input type="checkbox"/> Evidence of Payment <input type="checkbox"/> Acceptance <input type="checkbox"/> Negotiation by Insured | <input type="checkbox"/> Enclosed |
| 4. Credit Agreement   | <input type="checkbox"/> Enclosed |
| 5. Confirmation of Presentation to Issuing Bank   | <input type="checkbox"/> Enclosed |
| 6. Documents showing written demand on Issuing Bank   | <input type="checkbox"/> Enclosed |
| 7. Any other related correspondence   | <input type="checkbox"/> Enclosed |
| 8. Transport Document   | <input type="checkbox"/> Enclosed |
| 9. Invoice  | <input type="checkbox"/> Enclosed |
| 10. Evidence of Bank Commitment (only if pre-presentation agreement was elected)  | <input type="checkbox"/> Enclosed |
- A. Have any funds been received from the Issuing Bank which are available to offset claim amounts?  
☐ Yes   ☐ No  
 If so, how much? \_\_\_\_\_
- B. Use the space provided below to add any comments you wish to make regarding this claim including a summary of the events leading up to this claim.

## SECTION G. SCHEDULE OF TRANSACTIONS

All outstanding insured transactions with this Issuing Bank must be scheduled and included with this claim whether or not they are presently eligible for coverage.

If transactions were made in more than one policy year please complete a separate Schedule G for each policy year.

Policy Year \_\_\_\_\_ to \_\_\_\_\_  
 Month Day Year Month Day Year

ALL CLAIMS							TRANSFER		RISK ONLY	
L/C Number	Transaction Date	Transaction Amount	Terms	Due Date(s)	Partial Payment	Transactions Reported	Date of Debit	Amount	Deposit Within 90 Days?	
									Yes	No

Total Insured outstandings: \_\_\_\_\_

Are there any uninsured amounts with this Bank? ☐ Yes ☐ No

If so, please indicate how much \$ \_\_\_\_\_

**SECTION H. CALCULATION OF ELIGIBLE LOSS**

**Total principal amount outstanding under insured transactions:**

\$ \_\_\_\_\_

Please check the coverage which was elected under the policy:

☐ Fixed Rate    ☐ Floating Rate

(+) Plus interest at \_\_\_\_\_ to maturity dates:  
(credit agreement rate)

\_\_\_\_\_

(+) Plus interest at \_\_\_\_\_ from maturity date to 180 days after maturity date:  
(credit agreement rate)

\_\_\_\_\_

Please enclose interest calculations for the above.

**(-) Minus**

a. Total payments:

(\_\_\_\_\_)

b. Other credits and allowances:

(\_\_\_\_\_)

c. Funds received from any other source:

(\_\_\_\_\_)

**Net Loss:**

\$ \_\_\_\_\_

**Net Loss x Coverage** \_\_\_\_\_ %

\$ \_\_\_\_\_  
(eligible loss)